

General Questions & Information

Today's date: ____/____/____

1. Have you ever had counseling at Empower Yolo before? Yes No
2. Are you currently receiving individual counseling services at Empower Yolo? Yes No
3. Are you **mandated** to come for counseling? Yes No

Referral Person or Agency: _____ Phone: (____)_____

4. Any other agencies you are working with? (i.e., Court, mental health, probation): _____

GROUPS AVAILABLE: In order to receive a certificate of completion you must attend *all* group topics.

- Domestic Violence Support Group** – (8 topics) Ages 18+
 - Zoom Hybrid: in-person/zoom
- Self-care Support Group** – (6 sessions) Ages 18+
- Foundations: Adult Sexual Assault Group** – (12 sessions) 18+
- Thriving Teens: Sexual Assault Support Group** – (12 Sessions) Ages 13-17

Client Information

Full Name: _____ **Age:** _____ **DOB:** ____/____/____
Last First M.I. (Preferred Name or Pronoun)

Phone: (____)_____ **Email address:** _____
 Cell Home Other

*Is the number **above** a safe number to call?* Yes No. *Is it ok to identify Agency, leave a message:* Yes No

Address: _____
Street Address Apartment/Unit #

City State ZIP Code (Required)

Emergency Contact Name: _____

Phone: (____)_____ **Relationship to Client:** _____

Do you have minor children: Yes No

If yes, please indicate their name, gender, age and who they currently reside:

Name: _____ M F Age: ____ Lives with: _____

Name: _____ M F Age: ____ Lives with: _____

Name: _____ M F Age: ____ Lives with: _____

DEMOGRAPHIC INFORMATION

Race/Ethnicity: (Please Check one)

- American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Asian
 Black/African American Hispanic/Latino White
 Middle Eastern Multiple Races Other

Have you experienced:

Domestic violence in the <u>past</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual assault as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic violence in your <u>current</u> relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual assault as a child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check if you have been bothered by any of the following symptoms in the **last 2 weeks**.

0 = Not at all 1 = Several days 2 = More than half the days 3= Nearly EVERY day														
Symptom	0	1	2	3	Symptom	0	1	2	3	Symptom	0	1	2	3
Frequent crying					Nightmares					Forgetful				
Panic/Anxious					Isolating yourself					Intrusive thoughts/flashbacks				
Feeling worthless					Irritable/Angry					Can't or trouble making decisions				
Loss/Increase sleep					Addictions (past/current)					Self-harm (eating disorder, self-mutilation)				
Loss/Increase Appetite					Alcohol/Drug Use					Thoughts of suicide				
Always tired					Conflict w/family					Thoughts of harming others				

Do you require any special needs or accommodations:

What do you expect to accomplish from support group?

If indicated by this assessment, and the group facilitator, would you be willing to **attend individual therapy** with a trained Empower Yolo therapist before attending the group? Yes No

Client Signature

Date

INFORMED CONSENT AND LIMITS OF CONFIDENTIALITY

What to Expect from Support Group:

Participating in support group can result in a number of benefits to you including a better understanding of your personal goals and values within the context of peer support, improved interpersonal relationships, and resolution of the specific concerns that led you to seek support group. Working towards these benefits, however, requires effort on your part and may result in you experiencing unexpected emotions such as anger, depression, or fear. Change in yourself can also result in unintended changes in your relationships. Group facilitators may utilize techniques such as education, worksheets, group discussions and other appropriate materials suitable for group work.

Facilitators:

Empower Yolo (EY) is a certified training site for several Master's level graduate programs. Therapy at EY is provided by California Board of Behavioral Sciences registered Marriage and Family Therapist Associates, Associate Professional Clinical Counselors, Associate Social Workers (AMFT, APCC, ASW), Marriage and Family Therapist Trainees (MFT-Trainees), Master's and Post-Master's level graduate students. The services and practices used by the pre-licensed therapist mentioned above are conducted under the supervision of the following licensed mental professional: **Paola Latorre-Rey, LCSW#91994.**

*Empower Yolo also utilizes peer counselors in facilitating support groups, which are not the same as a therapist, but have been certified to give peer counseling.

Notice to Clients:

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830. This would not apply if your facilitator is a peer counselor.

Child Care:

Empower Yolo is not able to provide childcare during the group time. It is advised that you arrange for childcare during the time of the group, regardless if you attend in person or in the online format. Children are not permitted at groups.

Group Confidentiality Statement:

The participants understand that there is a need for confidentiality (i.e., Privacy) for all group members. As such, **I agree to not share information** including names and content of group to those outside of the group setting. I understand that if I do intentionally or unintentionally share confidential information about a group member, I may be asked to leave the group.

Absence Policy:

I understand that there is often a waitlist for this group. Because of the high demand, I understand that if I am absent more than 3 times without a valid excuse (sick child, car breaks down, cps visit, conflicting mandatory appointment) I will be placed back on the waitlist and my spot will be given to someone else. It is best to call the office if you are going to be absent. The message can be passed along to your facilitator.

Telephonic and Online Groups:

Participants understand that attending a support group by phone or online format holds certain risks to confidentiality. Therefore, I agree to abide by the following rules to maintain confidentiality for myself and others in the group if attending the group in this fashion.

- (1) I will join the group electronically in a confidential space, with no other people in the same room as me. This includes children and infants.
- (2) I will utilize headphones while engaging in group to maintain confidentiality.
- (3) I will be mindful of who can hear my voice on my end of the line and understand that people in my own home may be able to hear my content of the session.
- (4) I will do my best to remain uninterrupted for the duration of the group session.

Clients Rights and Exceptions to Confidentiality

- (1) You have the right to a confidential relationship with group facilitators.
- (2) You have the right to ask questions about the process and course of the support group.
- (3) If you ask the facilitator/s, they can release information in the form of a confirmation letter of services about your attendance in the support group. Before releasing information, you must fill out a Release of Information which will be kept on file.
 - a. Facilitators may provide a Proof of Attendance slip per your request after every session without a signed Release of Information form. However, you should know that this may compromise your confidentiality as a member of a support group.
- (4) Under certain legally defined situations, the facilitator(s) has the duty to reveal information you tell them during the course of support group without your written consent. The facilitator is not required to inform you of their actions if the following occurs. These legally defined situations include:
 - a. If you reveal information to the facilitators about child abuse or neglect, abuse of an elder or dependent adult, the facilitator(s) must make a report to protective services. When a perpetrator of child abuse is in contact with minors, and there is a reasonable suspicion that he or she may be abusing minors, the facilitator(s) must report the information.
 - b. If you should seriously threaten harm or death to another person, the facilitator(s) are required to warn the intended victim and notify the appropriate law enforcement agencies.
- (5) If the facilitator(s) believe you are in danger of harming yourself, they have an obligation to try to prevent this from happening. The facilitator(s) may need to breach confidentiality in order to protect you from hurting yourself by contacting supportive family members, such as a parent or guardian and/or the Mobile Crisis team, as an example.
- (6) If the facilitator(s) determines during the initial intake or any time during the course of group, that they cannot help you, the facilitator(s) will assist you in obtaining individual therapy within the agency or referring you to another suitable agency.

Emergency Mental Health Procedures:

A mental health emergency is an unexpected event that requires immediate attention and can be a threat to your health. **If such an emergency situation arises, please call 911 or go to your nearest hospital for immediate attention!** If you call your therapist or other EY staff, please state that you are experiencing a crisis when you leave your message, and your therapist will return your call as soon as possible. If the therapist has not called you back within 60 minutes and you have not been able to obtain support through the crisis line, the emergency persists, and the emergency requires it, please call your physician, or admit yourself to a hospital for observation.

Empower Yolo provides a **24-hour crisis line**, which may be reached at **(530) 662-1133 or (916) 371-1907**. Your therapist may be contacted through the crisis line where support is provided through a crisis counselor. Often during business hours, you may reach either your therapist or the clinical coordinator at (530) 661-6336. There is no charge for telephone contact, but lengthy contact may be considered a session in the total number of sessions which have been agreed upon.

CONSENT FOR SUPPORT GROUP PARTICIPATION

I, _____ have read and fully understand this Consent for Treatment Form, and consent to participation in Support group.

Client Signature: _____ **Date:** _____

Parent/ Guardian Signature: _____ **Date:** _____
(If necessary)

Witness/ Facilitator Signature: _____ **Date:** _____